

NO2139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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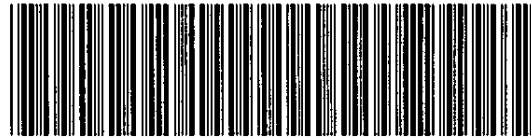
(Business Entity Name)

(Document Number)

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12 JUL 25 PM 4:23

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Martinique 2 Owners' Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N02139

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monica Triozzi

Name of Contact Person

Martinique 2 Owners' Assoc., Inc.

Firm/Company

4100 N. Ocean Drive #102

Address

Singer Island, FL 33404

City/State and Zip Code

Manager@martiniqueii.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven A. Grimes

Name of Contact Person

at (561) 848-8208 X-101

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Martinique 2 Owners' Association, Inc.
2. The principal office address: 4100 N. Ocean Drive #102
Singer Island, FL 33404
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1984 Document number: N02139

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Resigned Loril Widman, MGB

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Steven A. Grimes

4100 N. Ocean Drive #102

P.O. Box NOT acceptable

Singer Island, FL 33404

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Monica M. Triozzi
Signature of an officer or director

Monica M. Triozzi PRES.
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Steven A. Grimes
Signature of Registered Agent

7/10/2012
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02139

FILED
Mar 01, 2012
Secretary of State

Entity Name: MARTINIQUE 2 OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4100 NORTH OCEAN DRIVE
SUITE 102
SINGER ISLAND, FL 33404

New Principal Place of Business:

Current Mailing Address:

4100 NORTH OCEAN DRIVE
SUITE 102
SINGER ISLAND, FL 33404

New Mailing Address:

FEI Number: 59-2714657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WIDMAN, LORI L MGR.
4100 NORTH OCEAN DRIVE
SUITE 102
SINGER ISLAND, FL 33404 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: TRIOZZI, MONICA
Address: 4100 N OCEAN DR WT-1603
City-St-Zip: SINGER ISLAND, FL 33404

Title: VPD
Name: LAUDICINA, ROBERT
Address: 4000 N. OCEAN DR. ET-904
City-St-Zip: SINGER ISLAND, FL 33404

Title: SD
Name: MINASIAN, KEN
Address: 4100 N OCEAN DRIVE WT-301
City-St-Zip: SINGER ISLAND, FL 33404

Title: TD
Name: HOLMES, RODNEY
Address: 4000 N OCEAN DR. ET-1703
City-St-Zip: SINGER ISLAND, FL 33404

Title: D
Name: RICHARDS, JAMES
Address: 4100 NORTH OCEAN DRIVE WT-2001
City-St-Zip: SINGER ISLAND, FL 33404

Title: D
Name: GRAFSTEIN, ARLENE
Address: 4100 N OCEAN DR WT - 803
City-St-Zip: SINGER ISLAND, FL 33404

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MONICA TRIOZZI

PD

03/01/2012

Electronic Signature of Signing Officer or Director

_____ Date